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HARVARD MEDICAL ALUMNI BULLETIN

GEORGE F. BAKER CLINIC
SUMMER IN EAST GREENLAND
STUDENTS AND THEIR HEALTH



April, 1934

Annual Meeting Vanderbilt Hall, Saturday
May 12, 12.30 P.M. Luncheon

See page 42

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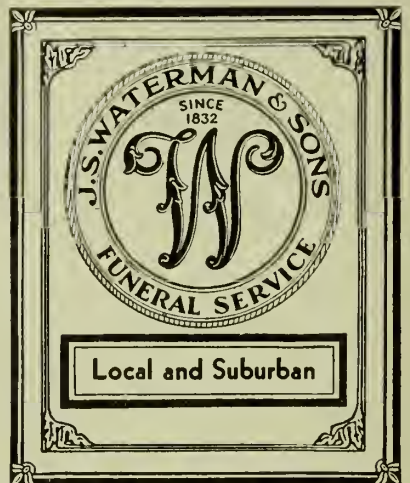
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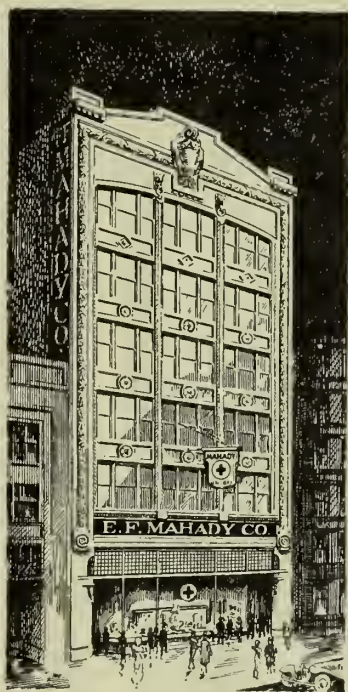
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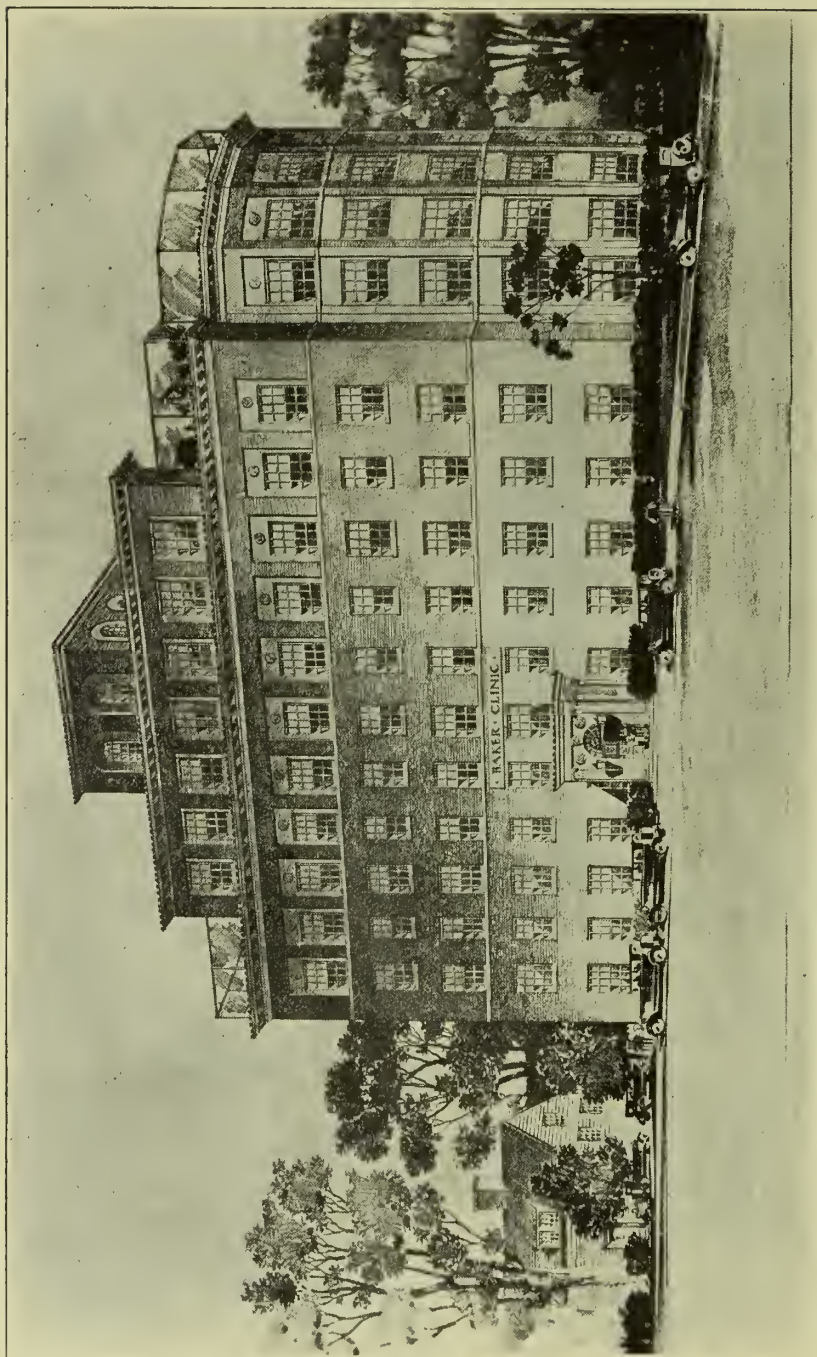
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The George F. Baker Clinic of the New England Deaconess Hospital

The George F. Baker Clinic of the New England Deaconess Hospital

By Shields Warren, M.D., '23

THE completion of the new building for the George F. Baker Clinic at the New England Deaconess Hospital greatly increases the facilities of this institution. The building provides not only forty beds for the study and care of chronic disease but also it provides a large research laboratory, a specially planned room with adjacent laboratory for the care of coma cases, and a gymnasium and play roof for diabetic children.

The building, planned by Coolidge, Shepley, Bulfinch and Abbott and built by George B. Macomber Company, measures forty-five by one hundred and three feet and is connected with the adjacent Palmer Memorial Hospital through the basement tunnel and by a bridge at the third floor level.

The first floor of the building is planned to provide special facilities for the different types of service connected with the care of patients with diabetes. There is a large and excellently appointed foot room specifically planned for the care of the feet of the diabetic patients. Joslin's statement that diabetes is "a foot and mouth disease" still holds true and this foot room will be of great importance in checking the development of gangrene among the diabetic patients. A class room is provided for the instruction of the diabetic patients in the care of their disease. Other facilities on the first floor include offices for the staff, a routine chemical laboratory, a dental room and rooms which it is hoped will be developed for clinical ophthalmic investigations, for bronchoscopy and for other spe-

cialized purposes associated with chronic disease.

The basement of the new building provides a suite for research through animal experimentation, a mechanical workshop, and equipment for measuring the radon output of the radium plant of the Palmer Memorial Hospital and for biological study of radiation, and the various utility rooms.

The second floor is entirely devoted to research laboratories. Most of the rooms are as yet unfinished, each room to be fitted up for the particular type of work needed as occasion arises for it. At present there are fitted out four rooms, one for research on lipid metabolism in diabetes mellitus, one for histologic and cytologic research, chiefly in the cancer field, and one for tissue culture. Another room is completely equipped for photomicrography.

The floors for the care of patients are planned to afford a maximum of privacy combined with efficiency of operation. Practically all the rooms are planned so that they may be used either as private or as semi-private two-bed rooms, thus making flexibility a valuable feature. The operating rooms and kitchen of the Palmer Memorial Hospital will be utilized for this new building. Separate diet kitchens, specially planned to facilitate the handling of diabetic diets, are provided on each floor.

The top floor is of particular interest as here at one end a special ward for children has been arranged with dining room and play room. A gymnasium and play space are close at hand on the roof. On this floor also is the coma room which is adapt-

ed for the care of patients in coma, with a small but complete laboratory immediately adjacent and every facility for the efficient care of coma cases. This room is also planned so that it may serve as a delivery room for maternity cases complicated by diabetes.

With the aid of the new facilities it is to be hoped that the enviable record that Massachusetts already has established with regard to diabetic coma will be still further accentuated.

The George F. Baker Clinic for Chronic Disease is the outgrowth of a gift from the late Mr. George F. Baker of New York and his son for the purpose of establishing a forty-bed clinic at the New England Deaconess Hospital for the care of chronic disease cases, particularly diabetes mellitus.

The Clinic is closely associated with the School as the present director is Dr. Elliott P. Joslin, Clinical Professor of Medicine, and the organization of the Clinic provides that the director shall be appointed by the Trustees of the New England Deaconess Hospital after consultation with the Harvard Medical School. A certain amount of fourth-year instruction in clinical and laboratory branches is already given at the Deaconess Hospital, and it is probable with the added facilities of this unit that even more can be given to the advantage of the students.

RICHARDSON PROFESSOR OF OBSTETRICS

Frederick Carpenter Irving, '10, has been elected William Lambert Richardson Professor of Obstetrics. Dr. Irving is the first incumbent of this chair, which was created last fall under the will of the late William Lambert Richardson, '67, former Professor of Obstetrics and Dean of the Harvard Medical School, who died in October, 1932. Dr. Irving has been a member of the staff of the Medical School since 1922; he was appointed Professor of Obstetrics in 1931.

IN HONOR OF DR. SHATTUCK

As a tribute to the late Frederick C. Shattuck, long a teacher and friend of the Harvard Medical School, the name of Van Dyke Street, which adjoins the Medical School buildings, has been changed to Shattuck Street. As this street is a private way, the change was made by authority of the Harvard Corporation and the neighboring hospitals.

Dr. Shattuck graduated from Harvard College in 1868 and from the Medical School in 1873. From 1879 to 1912 he was a member of the teaching staff at the Medical School and served as Jackson Professor of Clinical Medicine from 1888 to 1912. After his retirement from active teaching, he was a member of the Board of Overseers from 1913 to 1919, and, until his death in 1929, he remained actively interested in the progress and development of the Medical School.

CLINICAL PROFESSOR OF OPHTHALMOLOGY

John Herbert Waite, '16, has been made Clinical Professor of Ophthalmology. He has been on the Medical School staff since 1926.

ANNUAL MEETING—MAY 12

The annual meeting of the Harvard Medical Alumni Association will be held in Boston on Saturday, May 12, 1934. Operations will be held throughout the morning and Ward Rounds will be held from 10 A. M. to 12 M., at the Peter Bent Brigham, the Massachusetts General, and the Boston City Hospitals.

Following the clinical program, there will be a business meeting and luncheon in the gymnasium of Vanderbilt Hall at 12.30 P. M. At this meeting there will be the election of new officers and three new councillors to serve for a period of three years.

The classes of 1904, 1914, 1919, 1924 and 1929 are planning to hold reunions at this time.

JAMES M. FAULKNER, M.D., *Secretary*.

A Summer in East Greenland

By Wilson G. Smillie, M.D., '12



Expedition Ship "Norkap", a Sealer 95 Feet Long, Built Especially to Break Through the Ice

DURING the spring of 1933, Mr. J. K. Howard organized an expedition to study the fauna of the coast of East Greenland; as well as the geology and paleontology of the region. Special emphasis was placed upon a study of the musk ox; its distribution, range and habits, in anticipation of active measures that may be taken to prevent the eventual extermination of this magnificent animal.

The personnel of the expedition was as follows: J. K. Howard, organizer and director of the expedition; W. G. Smillie, M.D., physician, assistant director and in charge of stores—special interest, parasitology; Lawrence Killam, naturalist and collector; A. B. Cleaves, paleontologist; Ernest Fox, geologist; Brooks Dolan, naturalist and collector; Amory Laurence, sportsman and artist; Henry Mallinerodt,

photographer and in charge of the radio; and Dudley Talcott, part owner of the ship and sponsor for the East Greenland trip.

The Norwegian personnel consisted of Captain Isaacson, part owner of the "Norkap" and experienced Arctic navigator; first mate; engineer; assistant engineer; boatswain; four seamen; a cook and a mess boy. Our ship was the sealer "Norkap" from Tromso, Norway; ninety-five feet long, nineteen foot beam, draft eleven feet, seventy-five gross tonnage, Diesel engine, eighty horsepower, with accessory sails. Built especially for ice conditions, she had heavy sheathing of oak planking and steel plates at the bow, together with an ice skin of "greenheart."

Part of the hold had been fitted for accommodations for sleeping quarters of sev-

en of the scientific personnel. Two slept aft with the captain, mate, engineer and cook. Six of the crew were in the fore-castle. A barrel or crow's nest was hung on the foremast for navigating the ship through the ice. Two of the ship's small boats had motor power, one a Lathrop single cylinder gasoline engine and the other a Johnson outboard motor. In addition, there was a canoe and a collapsible canvas boat for emergencies, as well as two collapsible sleds for escape across the ice in case of emergency.

We carried food and supplies sufficient for one winter in the ice, with collapsible sleds, portable stove, winter clothing and miscellaneous Arctic equipment. Each man supplied his own guns and ammunition, as well as photographic equipment. The standard size moving picture cameras were employed.

We left Gloucester, Massachusetts, on June 24, and sailed along the Canadian coast, through Bras d'Or Lakes, across the gulf of St. Lawrence and into the Straights of Belle Isle. On July 4th Belle Isle was

abeam. With a following gale, we made a fast trip to Cape Farewell, southmost tip of Greenland. Here we had our first glimpse of "Greenland's Icy Mountains." The mountains rise sheer from the sea, barren, jagged, ice-capped—a glorious sight. We crawled through the ice floes up the east coast for days, always within sight of land but shut off by the closely packed ice, and finally reached the Arctic Circle. Here we turned due east across the Danish Straight to the northwest tip of Iceland and spent a week at the Icelandic fishing village of Isefjord. Three of the party came north from Scotland on the "Resolute" and we made connections with the big liner by radio and took them aboard at midnight on July 24th. It was not true midnight for the sun continued around the horizon and it was never dark. No one kept track of time. It made no difference whether it was three o'clock in the morning or three in the afternoon.

Time does not permit a description of Iceland, its volcanic formation, with hot springs and geysers, its fine hospitable peo-



Iceberg off the Liverpool Coast. The Mountains are Over
40 Miles Away with the Ice Pack Intervening



Polar Bears Live on Seals in the Ice Pack and are Found Many Miles from Land. They are Marvelous Swimmers

ple, with their high degree of culture—a culture that has developed and flourished for centuries under highly unfavorable conditions. Their system of government is unique; their social organization is advanced, with hospitals, schools and medical service available to everyone, even in the remote fishing villages.

On July 26th our course was set due north for Cape Brewster but we soon met disaster, for the propeller broke and the ship was towed slowly back to Iceland by our tiny outboard motors—one mile an hour—twenty-four miles a day. Rescue came to the derelict on the third day and after quick repairs we were off again through the polar ice that flows down from the North Pole and makes this coast one of the most inhospitable and inaccessible in the world.

Seals are encountered in the pack ice and where there are seals and ice, one finds the polar bear. The seals lie asleep in the sun on the edge of the floe. Every few seconds they raise their heads and look all about, then drop off to sleep again. They are very wary and hard to approach and

unless killed instantly will almost surely get into the water and sink. Their chief enemy is the polar bear. He lives on the pack ice miles from land and swims almost as fast as he runs. We encountered our first polar bear August 3rd near Cape Brewster. Seals were seen all day long but were hard to get. The mammoth bearded seals weigh over five hundred pounds but the meat is not as good to eat as the meat of the smaller seals. Intestinal parasites abound in the big seals. Round worms are in the stomach and tape worms in the small intestines. We made a rough estimate of at least one hundred worms per foot of small intestines and the total length in the bearded seals was over ninety feet. Yet these seals were as fat as could be. None of the polar bears had any parasites that I could find and the musk ox had only a rare tape worm, but the seals filled all the specimen bottles.

Frantz Joseph Fjord was reached August 6th and we were in musk ox country, 74° north. The Ice Cap which covers the continent is always seen in the distance with a narrow margin of land five to twenty

miles wide bordering the sea. This Fjord extends about one hundred miles deep and we explored every arm and inlet. The personnel were divided into small groups and scattered at different points. The ship was used as a base, with headquarters at "Teufelschloss"—a mountain peak seven thousand feet high, rising almost sheer from the water.

Musk oxen were found in almost every suitable place that we searched. They can be seen for miles for there is no cover, as the highest trees are not six inches from the ground. The animals graze the whole day through, in the valleys, up the mountainsides, weaving their trails over places that only a mountain sheep could climb. They were not alarmed by the sight of us, but would stand at bay and charge our Eskimo dog with great speed and ferocity. Their only natural enemy is the wolf and they are perfectly capable of taking care of themselves. A herd consists of one bull, one to several cows and the yearlings and young calves. The bull retreats until he has gathered his herd together. Then he

stands facing the enemy with the calves in the rear. Every few minutes the bull or one of the cows charge out without warning for a distance of perhaps fifty to one hundred feet. He makes a tremendous rush, then stops as suddenly as he started, turns about and rejoins the herd. Our narrowest escapes and our greatest scares of the whole trip were produced by the charging musk ox, when we attempted to get close-up photographs.

The glaciers flow down to the sea at the head of the fjords, so that icebergs were everywhere. In Kjerwulf's Fjord alone there were hundreds and hundreds of stranded icebergs of every conceivable shape and size packed in so closely that we could scarcely get through with the motor boat.

On August 10th we had a narrow escape from an iceberg. The wind blew strong from the northwest and set the bergs moving. All were ashore except the captain, mate, engineer and myself. The captain moved the ship once to escape drifting bergs. We then all got interested in skin-



Musk Ox Bull on the Rampage. The Devil's Castle, Ice Cap and Glacier in the Background

ning musk oxen. Suddenly I looked up and saw the iceberg coming for us. It rolled over in the water, hung poised over the ship ready to crash down upon us, then steadied. Before it had time to roll back and throw us high in the air, the captain signalled full-speed ahead and we slipped out from danger. We were crashed on the port bow, but it was more of a shove than a blow and did no serious harm.

The Arctic hares gave us more real fun than anything on the trip. They are white with black eyes and black-tipped ears and can be seen on the mountainside as far as the eye can reach. Close approach requires real strategy. They use all their senses, particularly their hearing, standing on their highest tiptoes and whirling like ballet dancers. They bounce along on their toes, with ears erect and eyes alert to detect the least sign of danger; and when they decide to go, miles may intervene before they stop. Arctic foxes abound. They have a beauti-

ful winter pelt but a more abject, ugly animal in summer coat would be hard to imagine.

There were no Esquimaux in this region, in fact none north of Scorsby Sound. We found ruins of their former homes, many graves, food caches, remnants of clothing and implements, but all were very old.

Winter set in on August 22nd with a heavy snow on the mountain tops. The sun had begun to drop below the horizon each night for an hour or more and the ocean was freezing over every night. It was necessary to complete all plans, crowd in as much work as possible in a few hours and turn south through the ice pack or else spend the winter in East Greenland. We had observed about two hundred musk oxen and brought home specimens of practically all the mammals and birds known to inhabit the coast, as well as a rich find of fossils and interesting geological data.

Harvard Medical Students and Their Health

By Reginald Fitz, M.D. '09,

Physician to Students, Harvard Medical School.

EACH student is required by the Faculty to have a physical examination each year that he is in the School. During my incumbency, they have been made as far as possible by student examiners, according to a uniform system, working under the direction of a small staff of older instructors. Arrangements were established at the outset to obtain any sort of laboratory or special examinations that seemed indicated in individual cases and thus has been assembled a great deal of comparable data on normal healthy young men. Another feature of the work which has seemed worthwhile is the follow-up plan. Every three years postcards are sent to each graduate so that in this way I have kept reasonably accurate track over increas-

ing periods of time of the health of about 700 doctors with whose medical school careers I am thoroughly familiar.

I have been disappointed in my lack of ability to discover any relationship between an individual's rate of metabolism and his intellectual capacity. A great many boys have been encountered with slow pulse rates, subnormal temperatures and low blood pressure levels, perhaps with a tendency to obesity, and certainly with an unduly somnolent response to the inspirational efforts of their professors. Yet these students as a rule have not had abnormally low metabolic rates nor have they felt more alert when trying a therapeutic experiment with thyroid extract. On the other hand, like many other observers, I

have encountered a group of normal youngsters, not unduly dull, whose basal rates appear habitually to lie in the minus twenties or lower, and to remain there for a considerable period of time essentially uninfluenced by any form of therapy.

There has been a good opportunity to follow such men during three or four consecutive years, and surprisingly enough, in certain cases, whatever fault in metabolism was present at first has corrected itself spontaneously. I am curious about this finding and its significance. I am inclined to believe that it has something to do with the various adjustments that occur during adolescence, and may well be the antithesis of the mild cases of hyperthyroidism which are encountered in this age group and which also are likely to correct themselves if given half a chance. Why such upsets should occur is not clear. Certainly one with endocrinological leanings can observe the most extraordinary phenomena in young people. Rightly or wrongly, one can make a variety of diagnoses and, fortunately, can do comparatively little harm with therapy since the good Lord has seen fit to so arrange things that the overwhelming majority of young people end up normally no matter what treatment is pursued.

Another interesting feature of young men is the extraordinary instability of their blood pressure levels. Undoubtedly there is a large nervous element to the control of blood pressure; it is entirely possible for a hard-working, tense youth to begin his Medical School career with a pressure of 120, to end it with one of 170, and four or five years later, to settle down a placid practitioner of Medicine with normal cardiovascular system and giving promise of living happily ever after. I am no longer much upset by comparatively high blood pressure readings in young people provided other manifestations of disease are lacking—an attitude of mind which I never should have been able to obtain without experience.

Death, that grim old reaper, gives me,

as they say in France, continually to worry. I wish promising young doctors would not die. Yet they do, too often in my experience, of acute infections, probably preventable; of suicide, probably preventable; of accidents, almost surely preventable; and only occasionally of malignant disease or of some other chronic illness of obscure etiology over which one has no control. I gather from comparing life insurance tables with my own data that the mortality of Harvard Medical Students and recent graduates is higher than it should be. Of this I shall speak later.

The problem of pulmonary tuberculosis has proved of great interest. Among our medical students there has been but little; eight cases in a group of over a thousand. Eighteen additional cases have developed, however, among recent graduates who have passed through my hands. Since pulmonary tuberculosis is in large measure a preventable affliction, active steps have been taken to stamp it out of the Harvard Medical family. Dr. Wilson G. Smillie, Professor of Public Health Administration in the Harvard School of Public Health, has lent his support and at present we are engaged in the following study. Each student at entry to the school has a Mantoux intracutaneous tuberculin test and a chest film; and these observations are repeated at the end of the fourth year. So far, two first-year classes have been so studied. The tuberculin test with .01 mgm. dosage in this group of 250 men was positive in 63 per cent. One case of very early pulmonary tuberculosis was detected by X-ray. In the single fourth-year class studied, so far, the tuberculin test with the same dosage was positive in 84 per cent. and one active case was recognized by X-ray. The significance of these data at present is uncertain. We do not know whether the breakdowns that may develop in the next few years among those men are likely to occur in the group with persistently negative tuberculin reactions or in the group which developed a positive reaction during their medical school career. We hope gradually

to acquire knowledge regarding the beginning of pulmonary tuberculosis in doctors, and perhaps, as a result of our study, be able to draw helpful and practical conclusions.

I have been much bewildered and amused by tonsils. Upper respiratory infection of one sort or another outweighs by all odds all causes of disability in the Medical School and house-officer periods. A recent survey has shown that 67 per cent. of the men graduating from the School do so without their tonsils. Doctors evidently believe in the operation, for in a group of 216 doctors' sons entering the School 62 per cent. had been tonsillectomized before coming here, while in a group of 500 sons of men not doctors but 50 per cent. had been so treated. In following up the health of doctors with and without their tonsils the tonsillectomized group does not appear to fare strikingly well. Approximately 40 per cent. suffered within a few years of graduation from some kind of illness incapacitating enough to make note of, and usually from our old friends "Grippe," "Sinusitis," "Pharyngitis" or "Tonsillitis." In the group of men still as God made them in respect to their tonsils only about 35 per cent. appear to have fallen ill. I do not know whether a larger series of cases will bear out what these figures suggest. For certainly these figures suggest that tonsils are pretty harmless organs, may be somewhat of a protection to young doctors and of some insurance against upper respiratory infections. Rheumatic fever, arthritis of various kinds, nephritis, sinusitis, otitis media, and mastoiditis have all developed with considerable frequency in members of my group who have been well tonsillectomized, and certainly every doctor is familiar with the virulent form of acute pharyngitis which so often appears in tonsillectomized people. As a result of my experience with the medical students I know that I, personally, am now less enthusiastic in advising tonsillectomy than I was a few years ago.

The recent establishment in the School

of a Committee on Student Health has been a progressive development. Dr. Smillie is Chairman of this Committee and the present membership includes Dr. Francis Rackemann of the Alumni Association, Dr. F. B. Grinnell of the Department of Bacteriology, Dr. Fred W. Morse, Jr., Physician to the Students at the Dental School and myself. Dr. Alfred Worcester, Professor of Hygiene at Cambridge, is a member *ex officio* and likely to attend the meetings. The Committee meets once a month and discusses all problems that arise. It was in this Committee, for instance, that the plans were formulated for studying our tuberculosis problem intensively; and a sanitary survey of the Medical School plant by Professor Whipple was made possible; it was here that the decision was made this year to send all sick Medical Students needing hospital care to Stillman Infirmary instead of to one of the Boston hospitals—a plan which so far has been successful and has tended to bring together in a reasonable way all activities in the University dealing with Student Health.

The Committee feels that no effectual method so far has been established for making Student Health work of as far reaching instructional value as it should be. To be sure, the medical students now learn something more than the theory of periodic health examinations and how they should be conducted. The Committee hopes, however, to develop the work of their department so as to make of it a field course in practical preventive medicine. A year ago there was a mild out-break of scarlet fever in Vanderbilt Hall. This was investigated by the School of Public Health, students who so desired were given skin tests under Dr. Grinnell's supervision and were immunized, and all the Dormitory knew what was going on. The epidemic promptly died out and the episode became of distinct educational value to the students.

The two first-year classes that have been tuberculin tested and X-rayed have been given a lecture-demonstration at which the

tuberculin test has been explained and X-ray films have been exhibited. This exercise has aroused a good deal of interest. As time goes on we hope to accomplish more. We hope to make each student feel that it is worthwhile to take care of himself and by learning to do this properly and systematically that he will thereby become a more skillful physician.

Considering the difficulties involved in the education of a medical student nowadays, it seems to me indescribably sad that any must be lost. Life in the Medical School is not unduly hazardous. I wish that hospital Trustees, Superintendents and Staff, would bear in mind the possible dangers of intern life, for it is here that the chief mortality is encountered. The period of intern training is one of great importance to our students. Each of our graduates should be given the same facilities for remaining healthy during his internship that he receives during his course in the Medical School.

COMMONWEALTH FUND FELLOWSHIPS

The Commonwealth Fund of New York City is again offering to Fellows of the Massachusetts Medical Society a number of fellowships for postgraduate study at the Harvard Medical School during the calendar year 1934. A candidate for one of these fellowships must be a graduate of a Grade A medical school and must have been in general practice at least five years. The age limits are thirty to fifty years, and residence must be in a Massachusetts town of under ten thousand population.

The fellowship may be for one, two, three or four months. The stipend is two hundred fifty dollars per month plus tuition and traveling expenses from place of residence to Boston and return.

The subjects offered are medicine, obstetrics and pediatrics. All candidates for a fellowship are required to take at least one month of medicine; this course is given either at the Peter Bent Brigham Hospital,

the Boston City Hospital or the Massachusetts General Hospital. This course is given from March to December. If more than one month is desired, a second month of medicine may be elected, or a selection may be made from the other two subjects.

The course in pediatrics is given at the Children's Hospital. Fellows who take this course are required to live at the Hospital; this is a distinct advantage as it is possible to see emergency cases and follow the actual treatment of patients at all times. Not more than two physicians may take this course at one time. It is given throughout the year.

Obstetrics is taught at the Boston Lying-in Hospital. Fellows who take this course are required to live at the Hospital. Not more than two may take this course at one time. It is given throughout the year.

It is probable that an additional course in office surgery will be offered later in 1934. As soon as such a course is available details will be announced.

Application blanks may be secured from the Commonwealth Fund, 41 East 57th Street, New York City, or from the Courses for Graduates, Harvard Medical School. Doctors who are interested may secure further information by addressing the Assistant Dean, Courses for Graduates, Harvard Medical School, Boston, or by telephoning Longwood 2380.

The above subjects are part of the regular curriculum in the Courses for Graduates at the Harvard Medical School; these courses are open to all doctors who are graduates of Grade A medical schools. Instruction is given six days per week; the work consists of clinical case study with the guidance of the faculty in the Courses for Graduates. All essential laboratory procedures are taught; normal and pathological anatomy will be demonstrated as needed in the course of instruction.

LEROY E. PARKINS, M.D., '18.

*Secretary to Courses for Graduates
under the Commonwealth Fund.*

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Library Budget Cut. Harvard University has withstood the effects of the economic depression so well that it is not generally recognized that there are spots where she has been sorely hit. This is perhaps nowhere better illustrated than in the purchase of new books for the Medical School library. The budget for this purpose has been cut from \$1,000. to \$200. in spite of the fact that the annual attendance at the library has increased during the last five years from 18,418 to 37,069.* The increased demands on the library for up-to-date books has no doubt been aggravated by the inability of many students to purchase the books which their professors recommend. It is distressing to think that the library cannot make these books available. One wonders how long the library can continue as a useful working library with an annual allotment of \$200. for *new*

*The total income of the Library during this period has fallen only from \$21,500. to \$17,120. The disproportionate cut in the purchase of new books has been due in part to unwillingness to break periodical files by discontinuance and in part to recent increase in the cost of some foreign periodicals because of the devaluation of the dollar.

books. (The money recently contributed by the Friends of the Medical School Library has to date been spent entirely for *old* books.) The class of 1908 at their 25th anniversary gave \$1,000. to the University, the income to be used for the purchase of *new* books. We commend their example to subsequent classes who wish to give money where it will serve the most useful purpose. During the present emergency we might even suggest that they allow the principal to be used. For those individuals who would like to help to remedy the existing situation Miss Whitman, the librarian, has prepared a list of ten books for which there has been a particularly great demand. Any person wishing to contribute one of these books may do so by sending the book or a cheque (made payable to School of Medicine and Public Health Library) for the purchase price directly to the Librarian. The donor's name will appear on the book plate and acknowledgment will be made in the next BULLETIN.

List of New Books Needed for the Library

| | |
|---|--------|
| Barnhill, J. F. Nose, Throat and Ear. New York. Appleton. 1928. | \$7.50 |
| Hewlett, A. W. Pathological Physiology of Internal Diseases. Latest (4th) ed. New York. Appleton. 1928. | 8.50 |
| Holt, L. E., Jr. and McIntosh, R. Diseases of Infancy and Childhood. 10th ed. New York. Appleton. 1933. | 10.00 |
| Howell, W. H. Textbook of Physiology. Latest (12th) ed. Philadelphia. Saunders. 1933. | 7.00 |
| MacLeod, J. J. R. Physiology and Biochemistry in Modern Medicine. 6th ed. St. Louis. Mosby. 1930. | 11.00 |
| MacCallum, W. G. Textbook of Pathology. 5th ed. Philadelphia. Saunders. 1932. | 10.00 |
| Pusey, W. A. Principles and Practice of Dermatology. Latest (4th) ed. New York. Appleton. 1924. | 10.00 |
| Rutherford, C. W. The Eye. New York. Appleton. 1928. | 7.50 |
| Topley, W. W. C. Outline of Immunity. Baltimore. Wood. 1934. | 6.00 |
| Topley, W. W. C. and Wilson, G. S. Bacteriology and Immunity. Baltimore. Wood. 2 v. 1929. | 12.00 |

TWENTY-FIFTH ANNIVERSARY GIFTS

To the Editor:

For many years at its twenty-fifth reunion every Harvard College class has given a sum of money to the University. The total of these gifts is now very large and of the greatest possible value as the income is available for unrestricted use.

It seems now very desirable that a similar custom should be established by the twenty-five year classes of the Medical School, and there is no real reason why it cannot be done even in these times of depression. While it would be unreasonable to suppose that the classes celebrating their twenty-fifth reunion this year, or for the next five years or so, could raise any appreciable sum to give to the school, this inability is largely due to the short time available. The accumulation of money for a large gift takes time, and therefore it is suggested that each class as it reaches its tenth anniversary start raising its fund on the installment plan. The classes now average something over one hundred men. If, for the sake of argument, an average of one hundred men pledged (and actually gave) from five to ten dollars per man per year, that is \$75. to \$150. apiece, a final gift of between \$7,500. and \$15,000. could be made to the school.

For the information of those who do not know, it may be of interest to describe briefly what my own class (1904) did on its twenty-fifth anniversary in 1929. On our fifteenth anniversary it was proposed that we make a gift to the school. There were about one hundred and forty men in the class at that time. We decided to collect \$10. per man per year, a sum which would work no actual hardship. Allowing for certain payments below \$10. and for certain men who could not or would not pay anything, it was estimated that we might in this way raise a total of about \$10,000. Trustees of the fund, one of them acting as treasurer, were appointed, and the process of collecting proceeded fairly satisfactorily during the next ten years. There is no denying the fact that

this involved hard work on the part of the treasurer and others. In 1929, having been graduated twenty-five years, we gave \$7,000. to the school. Our ambition eventually is to make this gift \$10,000. At present, through late donations, accumulation of interest, etc., there is about \$1,000. in the treasurer's hand, to which another \$2,000. will sometime be added.

It may be of interest to know that while our class is the first, so far as I know, to make such a gift at such a time, we took pains to see that it was not particularly identified with our class. We felt that such an identification might act as a deterrent to the generosity of other succeeding classes. It was specified in our deed of gift that the principal of our fund was to be kept intact, the interest only to be used "for any purpose desired by the Administration." The decision as to the disposition of our money was arrived at only after long and sometimes lively debate among ourselves, and after several conferences with Dean Edsall. Whether the disposition of our funds will prove to be the wisest possible, time will show. As a matter of fact it is probable that this will somewhat depend upon what action other classes may take. If the idea, established by us, prevails, the yearly accretion of several thousand dollars for the unrestricted use of the school will be of the greatest possible benefit to the institution. If, on the other hand, the gifts are sporadic and small in amount, then the whole point of the idea is done away with, and the comparatively small amount of interest money will be more or less lost in the various financial mazes.

Just now there seems to be some enthusiasm for the donation of gifts from the classes to the Medical Alumni Fund, amounting now to about \$28,000., and controlled entirely by the Alumni Association. At present the plan is to keep this fund intact, together with additions to it, until it amounts to \$100,000. This sum is then to be used for the endowment of a professorship. Subsequent gifts will be held

until a similar sum has accumulated and this used for the endowment of another chair. And so on.

After all, the ultimate destination of a class fund such as this is bound to be the subject of much discussion, and is in fact a very difficult thing to decide. What seems to be and actually may be of the highest importance this year, may appear in a very different light five or ten years hence. It seems to be clear, however, that any institution like the Harvard Medical School always needs a large amount of unrestricted money.

The object of this communication is not, however, to settle the disposition of a gift, but only to start some enthusiasm for collecting the ingredients. In other words, let us collect first and investigate afterwards. In my day medical school classes contained relatively few college graduates. For nearly thirty years, however, almost all the students have had college training, and for this reason have, or should have, an *esprit de corps*, a solidarity of feeling which a college experience brings about. Not only this but the spirit of unity brought about by Vanderbilt Hall, with all it involves, has changed the attitude toward the School of all the classes in recent years.

It would appear, therefore, that it is only necessary to get the idea outlined here across to the more recent alumni and to the undergraduates, and it will be taken up with enthusiasm. This cannot be done through the efforts of any one individual. Every alumnus who feels that the scheme is sound and desirable should make it his duty to enlist the interest and enthusiasm of his colleagues and classmates.

J. DELLINGER BARNEY, M.D., '04.

GENETICS AND THE H. M. S.

To the Editor:

A recent editorial in the BULLETIN described the enthusiastic acclaim which was given to Professor Otto Lous Mohr's splendid Dunham Lectures upon the relationship of Genetics to Medicine. This editorial mentioned that Genetics "has by

the unfortunate accident of its birth in a biological laboratory, never been made quite at home in a Medical School." While this statement is quite true in the larger sense, I should like to suggest that Harvard Medical men may have contributed more largely to the early development of Genetics than any other group of medical men in America.

It was Dr. Thomas Ordway, Lecturer in Pathology and Instructor in Medicine at the Harvard Medical School, who first with Dr. W. E. Castle worked out the method of culturing *Drosophila melanogaster*, the fruit fly which more than any other organism has contributed to the present high degree of development which Genetic Science has attained. Later, Dr. T. H. Morgan took up the study of *Drosophila melanogaster* at Columbia University, employing the Castle-Ordway methods of culture. On account of the bearing of his *Drosophila* studies upon Human Heredity, Morgan has been awarded the Nobel Prize in Medicine.

Dr. Alexander Forbes, Associate Professor of Physiology in the Harvard Medical School, in the year 1906 published jointly with Dr. Castle a paper entitled, "The heredity of hair-length in guinea-pigs and its bearing on the theory of pure gametes". This paper is significant because of its description of the variability of expression of a Mendelian growth character in mammals easily measurable in a single dimension.

The joint publication of Dr. John C. Phillips (M.D. Harvard) and Dr. Castle upon "Piebald Rats and Selection" showed that there are limits beyond which the selection of a character is ineffective, which we now know to be due to the homozygosity of plus or minus modifying factors. Dr. Phillips' paper upon "Reciprocal crosses between Reeve's pheasant and the common ring-neck pheasant" recorded unlike first-generation progeny in reciprocal crosses not due to sex-linkage. His joint paper with Dr. Little entitled "A cross involving four pairs of Mendelian characters in

mice" demonstrated that Mendelian predictions, already proven for plant materials, were equally applicable to poly-hybrid crosses in mammals. But the greatest contribution of a Harvard Medical man was that of Dr. Phillips when he published jointly with Dr. Castle upon "Germinal transplantation of ovaries from a black guinea-pig to an albino and the production of black young from eggs derived from the transplanted tissue when the albino host was mated to another albino." This experiment probably more than any other clinched in the minds of geneticists the validity of the "Theory of germ cell purity", a concept of paramount importance in Genetics.

In 1909, Dr. Stanley Cobb, Professor of Neuropathology at the Harvard Medical School, in a joint paper with Dr. Castle and others described some of their pioneer experiments upon the heredity of coat colors in rabbits, fundamental researches which stand solidly at the base of Mammalian Genetics today.

About 1916, Dr. Ernest E. Tyzzer, Professor of Comparative Pathology at the Harvard Medical School, published several joint papers with Dr. Little upon experimental studies on the inheritance of susceptibility to transplantable tumor in the Waltzing Mouse. These papers are classics in the field of cancer research.

Dr. Lucien Howe, former Director of the Howe Laboratory, Harvard Medical School, published several early papers upon hereditary types of blindness in man, and the first bibliography of Hereditary Eye Defects. He advocated a course in Human Heredity as a universal prerequisite for the medical doctorate because of the enormous bearing which this young science has upon the study and treatment of disease.

Harvard Medical School may well be proud of the contributions which men variously connected with the school have made to the early development of the Science of Genetics, although such work was not sponsored by the Medical School in most cases. True it is that Genetics was born in

Biological Laboratories but Harvard Medical men assisted its birth.

CLYDE E. KEELER, S. M., A.M., S.D.

Research Fellow, The Bussey Institution.

NECROLOGY

'69-'70—FREEMAN CRAM HARRIS died at Sherman Mills, Maine, June 29, 1930.

'74—WILLIAM BARKER HILLS died at Montclair, N. J., December 24, 1933.

'77—PAGE BROWN died at Los Angeles, Calif., September 28, 1932.

'77—WILLIAM ROBBINS WHITE died at Providence, R. I., Nov. 3, 1933. For more than half a century he was on the staff of the Rhode Island Hospital, serving as a lecturer to student nurses, house physicians and as a member of the consulting staff.

'81-'83—GEORGE WASHINGTON CURRIER died at Wollaston, Mass., December 11, 1933.

'81—FRANK HOLYOKE died at Holyoke, Mass., December 5, 1933.

'87—WILLIAM ALEXANDER MORRISON died at Boston, Mass., December 19, 1933.

'92—RICHARD FROTHINGHAM died at New York City, Dec. 5, 1933. With his wife, Dr. Florie (Deutsch) Frothingham he specialized in diseases of the ear and nose.

'94—EUGENE ABRAHAM DARLING died at Cambridge, Mass., January 9, 1934. From 1894 to 1899 he was an assistant in bacteriology at the Harvard Medical School; then, for a year, an instructor in physiology at Harvard College; and from 1908 to 1913 Assistant Professor of Physiology. He had been on the staff of the Cambridge Hospital since 1907 and for many years was president of the Cambridge Anti-Tuberculosis League. He was a fellow of the American College of Surgeons.

'94—WILLIAM LOTHROP EDWARDS died at Boston, January 20, 1934.

'94—JAMES ARCHIBALD KEOWN died at Los Angeles, Calif., April 11, 1933.

'94—HENRY PLUMMER LOVEWELL died at Providence, R. I., January 1, 1934.

'94—CHARLES LOUIS SWAN died at Stoughton, Mass., Dec. 31, 1933. He had been president of the Stoughton Gas and Electric Company and the Stearn Lumber Company of Bangor, Maine. He was a member of the Harvard Clubs of Boston and New York and the Masonic fraternity.

'95—ARTHUR LAMBERT CHUTE died at Boston, January 12, 1934. He was known throughout the country as one of the leading specialists in urology. He was Assistant Professor of Genito-Urinary Surgery at Tufts Medical School, had been president of the American Urological Society, the American Association of Genito-Urinary Surgeons, and the New England branch

